

THIS SHIPPING ORDER

must be legibly filled in, in Ink, in Indelible Pencil, or in
Carbon, and retain the Agent.

Shipper's No. _____

Carrier's Name: CENTRAL RECLAMATION

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading.

at 1412 W 190TH (Date) 1-18 19 97 FROM MCDONNELL DOUGLAS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address for purposes of notification only.)

Consigned TO CENTRAL RECLAMATION
On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 1333 Wilson Street LOS ANGELES City _____
LOS ANGELES County CA State 90071 Zip _____
Route _____ Delivery Address SAMP
(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier CENTRAL RECLAMATION Car or Vehicle Initials and No. F2

Collect on Delivery \$ _____ And Remit to _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

C. O. D. Charges to be

Paid by

☐ Shipper☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
<u>2</u>		<u>DRAINED, FLUSHED</u>			
		<u>TRANSFORMERS FOR RECYCLING</u>			
		<u>SERIAL #'s G 854230B</u>	<u>4650</u>		
		<u>G 854230A</u>	<u>4650</u>		
			<u>9300</u>		

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

\$ _____

*The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification.

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per

MCDONNELL DOUGLAS Shipper, per J. Marasco

CENTRAL RECLAMATION
Agent, per XTC
this Shipping Order and must sign the Original Bill of Lading.

Permanent post-office
address of shipper:

2

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MCDONNELL DOUGLAS REALTE. 4060 LAKEWOOD BLVD, 6TH FLOOR LONG BEACH, CA 90808		6. US EPA ID Number (310) 627-3014		A. State Manifest Document Number 90788789	
5. Transporter 1 Company Name LAIDLAW ENV. SERVICES, INC.		8. US EPA ID Number 61471600124241		B. State Generator's ID H & HD81600516981	
7. Transporter 2 Company Name		10. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address LAIDLAW ENV. SERVICES, INC. 2500 LOKERN RD. BUTTONWILLOW, CA 93205		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) XXXXXX NON RCRA HAZARDOUS WASTE SOLID OIL, ABSORBENT, ALUMINUM SHAVINGS		D. Transporter's Phone (805) 352-1151	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (805) 752-7372	
				I. Waste No. 352	
				State N/A	
				EPA/Other	
				State	
				EPA/Other	
				State	
				EPA/Other	
J. Additional Descriptions for Materials Listed Above 11A ROLL OFF BOX CONTAINING OIL, ABSORBENT ALUMINUM SHAVINGS, AND UNSED PPE APP # 16699-BDC-1196		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information WEAR PERSONAL PROTECTIVE EQUIPMENT EMERGENCY CONTACT (714)991-8300 ERG# 51 SITE LOCATION 19503 S. NORAMANDIE TORRANCE, CA 90502					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. Form designed for use on elite (10 cpi) typewriter.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address McDONNELL DOUGLAS REALTY 4060 Lakewood Blvd. 6th Floor Long Beach Ca. 90808		4. Generator's Phone () 227-3014		A. State Manifest Document Number 90788794	
5. Transporter 1 Company Name DART		6. US EPA ID Number 0000000000		C. State Transporter's ID 0000000000	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address SALESCO SYSTEMS USA, INC.-AZ 5736 W. Jefferson Phoenix Az. 85043		10. US EPA ID Number 0000000000		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ: POLYCHLORINATED BIPHENYLS 9 UN2315 PGII					State 261 EPA/Other
b. RQ: POLYCHLORINATED BIPHENYLS 9 UN 2315 PGII					State 261 EPA/Other
c. RQ: POLYCHLORINATED BIPHENYLS 9 UN2315 PGII					State 261 EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above WEAR APPROPRIATE PROTECTIVE EQUIPMENT EMERGENCY CONTACT (714)991-8300 ERG#31		K. Handling Codes for Wastes Listed Above			
		a.		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information 11A 20X55 Containing PCB Oil Drum# 1 - OUT OF SERVICE DATE 10-15-96 11B 26X55 CONTAINING LIGHT BALLASTS DRUM# 1 - OUT OF SERVICE DATE 10-15-96 11C 3 X55 CONTAINING PCB AND DEBRIS DRUM# 1 -					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name H. J. ...		Signature H. J. ...		Month Day Year 10 15 96	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Robert ...		Signature Robert ...		Month Day Year 10 15 96	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

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